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# PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Serial Number

10 685 997

## CLAIMS AS FILED - PART I

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.102)		
TOTAL CLAIMS (37 CFR 1.102)	9	0
INDEPENDENT CLAIMS (37 CFR 1.102)	1	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.102)		

SMALL ENTITY	
RATE	FEE
	1
X \$	
X \$	
+ \$	
TOTAL	

OTHER THAN SMALL ENTITY	
RATE	FEE
	740
X \$	
X \$	
+ \$	
TOTAL	740

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total of one line	15	20	
Independent of one line	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.102)			

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$	
X \$	
+ \$	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$	
X \$	
+ \$	
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total of one line	9	20	
Independent of one line	1	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.102)			

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$	
X \$	
+ \$	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$	
X \$	
+ \$	
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total of one line	9	20	
Independent of one line	1	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.102)			

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$	
X \$	
+ \$	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$	
X \$	
+ \$	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.14. The information is required to obtain or retain a search by the public which is to be filed by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1430, Alexandria, VA 22313-1430. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1430, Alexandria, VA 22313-1430.

If you need assistance in completing this form, call 1-800-PTO-8199 and select option 2

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 9	Minus ** 20	=
Independent	* 1	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	